

<b>Requesting Organization :</b>	World Vision South Sudan				
<b>Allocation Type :</b>	2nd Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
HEALTH		100.00			
		<b>100</b>			
<b>Project Title :</b>	Provision of emergency health services to IDPs and vulnerable populations affected by cholera outbreak in Tonj North, Warrap state, South Sudan				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>	SSD-17/H/102790	<b>Fund Project Code :</b>	SSD-17/HSS10/SA2/H/INGO/6456		
<b>Cluster :</b>	Health	<b>Project Budget in US\$ :</b>	198,956.23		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>	Not Applicable		
<b>Planned Start Date :</b>	01/08/2017	<b>Planned End Date :</b>	28/01/2018		
<b>Actual Start Date:</b>	01/08/2017	<b>Actual End Date:</b>	28/01/2018		
<b>Project Summary :</b>	<p>World Vision South Sudan (WVSS) will contribute to the reduction of preventable mortality and morbidity through the provision of life-saving primary healthcare services to 10,976 vulnerable population (especially women &amp; girls), men and boys affected by armed- conflict in Tonj North. The population of Tonj North was estimated at 219,526 (May, 2017) and the 2016 SMART survey showed GAM rates of 12.4%, indicating a critical nutrition situation. Referencing the May 2017 IPC report, the former Northern Bahr el Ghazal state is facing severe food insecurity caused by high food prices and diminished household purchasing power. All counties except Aweil Center are experiencing emergency (IPC Phase 4) acute food insecurity through July 2017. The interaction of starvation and disease cannot be overemphasized as it often leads to significant loss of life.</p> <p>With the SSHF Standard Allocation 2, WVSS will provide essential package of emergency health services to 10,976 beneficiaries. WV is targeting beneficiaries from the entire county of Tonj North. This project will specifically target the most vulnerable, especially women and children under 5 (U5). During implementation of the project, WVSS will ensure that there is integration of health and nutrition services in order to achieve positive impact on the health outcomes of the target population. Since Tonj North is at high risk of cholera and other diseases outbreak, WVSS will leverage resources from ongoing WASH interventions to ensure synergy and complementarity of health and WASH services for cholera preparedness and response targeting beneficiaries in Tonj North. Health workers and CHWS will be trained in disease surveillance, early identification and reporting and effective case management. Due to increased GAM and SAM rates in Tonj North, it is estimated 30% of SAM cases will require inpatient management for SAM with medical complications. This project will ensure that all SAM cases with medical complications are adequately managed and referred on time to the stabilization centers for timely and quality treatment.</p> <p>It is noteworthy that routine immunization coverage in Tonj North is low. For example, in May 2017, the routine immunization coverage was; BCG (36%), OPV (32%), Penta 3 (29%) and Measles (60%), all below the recommended 80% coverage that effectively protects children against common childhood diseases like measles and TB, which contribute to childhood morbidity and mortality. WVSS will therefore invest in community based health and outreaches to provide emergency immunization targeting children under five in the communities.</p> <p>Finally, WVSS has ongoing funding through Health Pooled Fund (HPF) that focuses on health system strengthening with an emphasis on maternal child health and nutrition which is currently being implemented in Tonj North. This project will work with the MoH staff and HPF supported health workers and community health volunteers to enhance their technical capacity in disease surveillance, outbreak prevention, control and management, and health education.</p>				
<b>Direct beneficiaries :</b>					
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
4,249	4,422	1,129	1,176	10,976	
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Internally Displaced People	1,275	1,327	339	353	3,294
Other	2,974	3,095	790	823	7,682

**Indirect Beneficiaries :****Catchment Population:****Link with allocation strategy :**

1. During the implementation of the proposed project, WVSS will use innovative approaches such as outreaches to provide emergency life-saving primary health care focusing on the major causes of mortality among children under five (malaria, diarrhea, pneumonia), SAM with complications, basic emergency obstetric and neonatal care and will ensure that the ambulance system is well functional and referrals are done in time to prevent deaths and save lives.

2. WVSS will ensure that disease outbreak, especially measles and cholera, are prevented and adequately responded to by putting in place a well-coordinated surveillance system for case identification and management. WVSS will ensure that disease outbreaks preparedness is in place with a focus on measles and ongoing cholera outbreak.

3. Minimal support to basic cold chain modalities will be provided in order to reach the under 5 children with emergency routine immunization. WVSS, through training and coaching, will equip health workers with necessary skills to ensure that there is effective integration of WASH and nutrition in the provision of health activities at the health facility and community level.

3. Health, WASH and Nutrition integration will contribute to the prevention, detection, and response to epidemic/disease outbreaks focusing on cholera/malaria/measles and other diseases of public health concern (TB/HIV/AIDS and wasting due to famine).

4. WVSS will ensure that WHO health kits, UNFPA reproductive health kits and WHO SAM kits are requested from the core pipeline managers and are prepositioned on time in all the health facility in order to ensure uninterrupted provision of life-saving health services.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Jacobus Koen	Program Development and QA Director	jacobus_koen@wvi.org	+211 928 123 529
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**BACKGROUND****1. Humanitarian context analysis**

South Sudan - armed conflict has left one in four people uprooted. More than three million people have been forced to flee their homes since the conflict began in December 2013, including nearly 1.9 million people who have been internally displaced. Due to armed conflicts, access to health services, nutrition services, food and livelihood, clean drinking water, and sanitation remains a big challenge to internally displaced and vulnerable populations. After three years of conflict, the population is highly susceptible to disease, and more than 5 million people are in need of humanitarian healthcare services. More than 43% of the health facilities are not functioning and those that are, provide minimal services due to drug and staff shortages. Cholera outbreak has started to spread since 2016 which has reached new locations along the River Nile. Continued economic crisis including hyperinflation, depreciation of the South Sudanese pound (SSP), soaring food prices, prevailing insecurity and droughts in part of the country have contributed to high level of food insecurity and increased vulnerability to disease burden and death rate.

Acute malnutrition remains a major public health emergency in South Sudan. By the end of 2016, SMART surveys found that out of 23 counties with recent data, 14 have Global Acute Malnutrition (GAM) rate at/or above 15%. Areas in the Greater Bahr el Ghazal showed higher than usual levels of acute malnutrition expected for the post-harvest season, indicating a worsening situation. Insecurity, displacement, poor access to services, extremely poor diet (in terms of both quality and quantity), low coverage of sanitation facilities and deplorable hygiene practices are underlying the high levels of acute malnutrition.

Since June of 2016, South Sudan has been experiencing outbreaks of cholera in many counties of Western Equatoria, Jonglei, Unity state, Upper Nile, Central Equatoria, and Eastern Equatoria states. For example, by December 31, 2016 there were 3,962 cases of Cholera morbidity, with 75 deaths (CFR 1.89%) and by 1 March 2017 the cumulative had risen to 5,398 cases including 127 deaths (CFR 2.35%). New cholera alerts have been detected and reported from Tonj East with 374 cases and 17 deaths as at May 25, 2017. Since July 2017, Tonj North has started counting its own cases of cholera.

The total population of Warrap is at estimated 331,990. According to WHO, Malaria morbidity stood at 19% among the IDPs and 26% in non-conflict affected population for 2016; and in 2017 malaria accounts for 30% consultations in non-conflict areas and 13% of consultations in the IDPs. All the counties in Warrap, including Tonj North are, every year, affected during the rainy season and do experience an upsurge of malaria. The routine immunization coverage in Tonj North is low (BCG: 36%, OPV: 32%, Penta 3: 29% and Measles: 60%, against the recommended 80% coverage.

While effective response was provided in the famine affected areas, thus avoiding what would have most likely been significant loss of life due to the interaction of starvation and disease, the unfolding situation in remains extremely vulnerable with some populations in dire need of humanitarian assistance (IPC Phase 4 & 5) in June-July 2017. Tonj North County has all the aggravating factors and this calls for an emergency response as per WHO guideline.

It is against this backdrop that WVSS seeks SSHF Standard Allocation 2 funding to support the delivery of essential package of health services through health facility based and integrated outreaches by focusing on the most vulnerable, among them children U5 and the pregnant and lactating women. The provision of the health services will leverage ongoing health investment by combining health and nutrition interventions as well as incorporating health education. WVSS will also use the funding for capacity building of staff in various domains, including outbreak prevention and other health services.

## **2. Needs assessment**

More than half, (56%) of the population in South Sudan, does not access public health facilities and the country faces an increased risk of epidemic prone, endemic, vaccine preventable and other diseases due to conflict and population displacement. The health sector is experiencing shortages of supplies, essential medicines and skilled human resources in key healthcare facilities and for outreach activities. Health facilities lack the required infrastructure and in some instances, they have been damaged and closed and are unavailable to provide the much needed services of effective surveillance or serve as referral mechanisms, especially for maternal obstetric complications. Healthcare is extremely difficult to access in South Sudan, with an estimated 0.15 doctors per 10,000 patients and 0.2 midwives/nurses per 10,000 people. The impact on the population is devastating. According to the WHO South Sudan, the maternal mortality ratio has stagnated at 2,054 per 100,000. The mortality rate for infants in 2012 was 75 per 1,000 and 104 per 1,000 for children under five years. Malaria, tuberculosis, global guinea-worm disease and other NTDs remain far too common.

South Sudan also faces perpetual food insecurity which has led to prevalence of widespread acute malnutrition across the entire country particularly among children and women. There is need for emergency health response to prevent excess morbidity and mortality. In addition, Tonj North has lower immunization coverage which was as follow in the month of May: BCG: 36%, OPV: 32%, Penta 3: 29% and Measles: 60%, against the recommended 80% coverage or above. It is important to note the county is prone to disease outbreak and epidemics such as high measles and malaria. Currently cholera outbreak has affected Tonj North with a high risk of high morbidity and mortality. WVSS will not be conducted another need assessment since this project with integrated in our current HPF health funding.

## **3. Description Of Beneficiaries**

The total population of Tonj North is estimated at 219,526. However, this project will target 10,976 beneficiaries who are most in need of humanitarian assistance in Tonj North. This project will be targeting beneficiaries throughout the entire county of Tonj North. The severely affected vulnerable population targeted by this project consists of women, men, children, and people living with disability, the elderly population and other vulnerable groups. Because of the protracted armed conflicts in South Sudan, women and children have been significantly affected by armed conflict and continued displacement from their homes, resulting in limited access to health services, food and livelihood. This has resulted in increased morbidity and mortality, which could have been avoided with adequate WASH services, balanced food and access to health services, especially routine immunization to prevent vaccine preventable diseases, such as measles, among Under 5.

## **4. Grant Request Justification**

World Vision, having worked in South Sudan since 1989, has demonstrated long-term commitment and continued operational presence in the country. WVSS designs and implements a variety of single and multi-sectorial projects showing dependable capacity to manage all the resources entrusted to the organization. WVSS has cultivated relationship with local community and partners making it easy to have and run operations, particularly the provision of humanitarian assistance even in the most challenging locations.

WVSS is currently implementing the Health Pooled Fund project in Tonj North. The ongoing HPF project will complement the SSHF Standard Allocation 2. Synergies will be created between the 2 projects which will share available resources in the form of training materials and project resources. Considering the inadequate funding to tackle diseases outbreak e.g. cholera and measles, and for transportation of essential medicines and supplies, strengthening of the cold chain and scaling routine immunization, it should be stressed that without the SSHFSA2 funding it will be impossible to provide quality health services to the beneficiaries, especially the most vulnerable populations. Due to increased disease burden, especially malaria, acute respiratory infections/pneumonia and diarrhea in Tonj North; the 2016 SMART survey showed an increase of GAM at 12.4% and the presence of aggravating factors; the fact that among the children U5 diagnosed with severe acute malnutrition 30% will require inpatient care for management of SAM with medical complications; because of the high risk of measles, malaria and cholera outbreaks requiring a strong surveillance system and outbreak prevention and control measures; there is need for emergency health interventions strengthening.

WVSS seeks funding from the health cluster and the SSHF technical secretariat to carry out lifesaving health emergency interventions and prevent excessive maternal and child deaths in Tonj North. Tonj North is a county prone to disease outbreaks/ epidemics such as measles and Malaria. Currently, there is an ongoing cholera outbreak in Tonj East, with high risk of spreading to Tonj North; for that there is need for preparedness and strengthening of disease surveillance, prevention and management of cases. This project will also focus on maternal and child health in line with the South Sudan MoH Basic Package of Health and Nutrition services and immunization policy.

## 5. Complementarity

WV is currently implementing health project in three counties of Warrap state ( Twic, Tonj North, Gogrial West and Gogrial East) focusing on health system strengthening. This SSHFSA2 project will complement the HPF Lot 10 project in Tonj North in the areas of staff capacity building, supportive supervision, emergency routine immunization, procurement of supplies, and cholera preparedness/ response. Through HPF Funding, In Tonj North WV is supporting 4 PHCCs and 9 PHCUs which makes a total of 13 health facilities to be supported under SSHFSA2.

### LOGICAL FRAMEWORK

#### Overall project objective

To contribute to the reduction of preventable mortality and morbidity through the provision of life-saving primary healthcare services

WVSS' interventions will address the immediate health needs of internally displaced persons and other vulnerable populations affected by conflict in Tonj North through increase access to life saving emergency services in 13 health (4 PHCC and 9 PHCUs) and surrounding communities while supporting efforts to build local capacity and employing innovative mechanism to respond better in a protracted emergency situation. The intervention will specifically target vulnerable populations such as women, particularly of child bearing age, PLW, infant and young children, and children under five years. In addition, WVSS will address the health needs of vulnerable groups, including elders, disabled and isolated communities.

In addition, WVSS will build resilience through infrastructure support and building capacity of the health care providers to deliver quality primary healthcare services. Emphasis will be put on integration of health, WASH and nutrition interventions, and on strengthening epidemic preparedness and response, disease surveillance and early warning system as well as propositioning of life saving supplies. WVSS intends to reach the most hard to reach population of Tonj North through innovative means such as outreaches as a complement to health facilities based provision of health services.

### HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Prevent, detect and respond to epidemic prone disease outbreaks in conflict-affected and vulnerable populations	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	60
Essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations	SO2: Protect the rights and uphold the dignity of the most vulnerable	40

**Contribution to Cluster/Sector Objectives :** Contribution to Cluster/Sector Objectives : The proposed interventions will contribute to the following cluster objectives through:

- Improved access to lifesaving primary healthcare services for IDPs and populations;
- Strengthened EWARN and IDSR; disease surveillance outbreak prevention and control;
- Integrated health/ WASH and Nutrition programs; and prevention, management and referral of GBV cases;
- Improved accountability to affected populations.

#### Outcome 1

Lifesaving primary healthcare will be provided will a special emphasis on strengthen operational capacity to effectively response to the cholera outbreak, response to the seasonal and increase likelihood of malaria as well as provide other life-saving interventions including the management of SAM with medical complications, basic emergency and neonatal care, emergency HIV/AIDS/TB and mental healthcare services.

#### Output 1.1

##### Description

At least 80% of IDPs and host community in Tonj North have access to lifesaving primary healthcare services.

##### Assumptions & Risks

Access to beneficiaries will remain and continue uninterrupted  
 Security situation remains favorable for provision of life saving emergency health services.  
 The availability of service delivery guidelines/ protocols for services included in the essential service delivery package would ensure that standard services are provided for individualized care.  
 Continued community volunteerism to provide care to the most vulnerable groups (chronically ill)  
 Other health interventions (e.g. health education) will be put in place and sustained  
 A formal and functional referral linkages are established between the different service outlets starting from the community level.

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	[Frontline services] Number of outpatient consultations in conflict and other vulnerable states	4,249	4,422	1,129	1,176	10,976
<b>Means of Verification</b> : Weekly, Monthly, and quarterly report.							
Indicator 1.1.2	HEALTH	[Frontline services] Number of children under 5 with severe acute malnutrition with medical complications, who are clinically managed in stabilization centers			61	64	125
<b>Means of Verification</b> : Weekly, Monthly, and quarterly report.							
Indicator 1.1.3	HEALTH	[Frontline services] Number of staff trained on cholera case management and prevention	10	10			20
<b>Means of Verification</b> : Training reports, monthly, quarterly and end of project's report							
Indicator 1.1.4	HEALTH	[Frontline services] Number of staff trained on disease surveillance and outbreak response	10	10			20
<b>Means of Verification</b> : Training report, monthly, quarterly and end of project report							
Indicator 1.1.5	HEALTH	[Core Pipeline] Number of priority locations with cholera and malaria outbreak investigation materials prepositioned					4

**Means of Verification** : Weekly, Monthly, and quarterly report.

#### Activities

##### Activity 1.1.1

Verified and responded to epidemic prone disease alerts within 72 hours (Target = At least 80%)

##### Activity 1.1.2

Train 20 health workers and CHWs on diseases surveillance and data capturing with a focus on cholera, measles and other diseases of public health importance

##### Activity 1.1.3

Train 20 health workers and CHWs on diseases of public health importance including malaria, TB, and HIV.

##### Activity 1.1.4

Train 15 health workers on CMAM with focus on SAM with medical complications

##### Activity 1.1.5

Conduct mass community mobilization, sensitization on public health issues, routine immunization, safe motherhood and disease outbreaks ( target = 1 community mobilization per month per health facility for 6 months)

##### Activity 1.1.6

Train 20 health workers and CHWs on diseases outbreak with focus on cholera outbreak/ preparedness, measles outbreak and malaria epidemics with focus on prevention, control and management.(Target= 20)

##### Activity 1.1.7

Support NIDs ( Training of HHPs, planning, monitoring) in Tonj North. ( Target = 1).

##### Activity 1.1.8

Conduct monthly immunization outreaches targeting hard to reach Under 5 children and pregnant women. ( 1 per month\* 13 health facility \*6 months) Target= 78 Immunization outreaches.

#### Outcome 2

Basic maternal and reproductive health Services will be provided, with emphasis on the Clinical Management of Rape (CMR) and SGBV.

#### Output 2.1

##### Description

IDPs and vulnerable populations in Tonj North are provided dignified essential clinical health services, including GBV services

##### Assumptions & Risks

Access to beneficiaries will remain and continue uninterrupted  
 Security situation remains favorable for provision of life saving emergency health services.

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	[Frontline services] Number of health workers trained on safe deliveries	10	10			20
<b>Means of Verification</b> : Training report, and TOR							
Indicator 2.1.2	HEALTH	[Frontline services] Number of staffs trained on Clinical Management of Rape (CMR)	2	3			5
<b>Means of Verification</b> : Training report , monthly report and end of project report							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Train 20 health workers in MCH, with a focus on safe delivery, Post Partum Hemorrhage, and detection of danger signs on both the baby and the mother.							
<b>Activity 2.1.2</b>							
Conduct weekly community awareness on the importance of maternal health, the importance of delivery in health facilities and on maternal nutrition. Target= 78 sessions (1* 6*13)							
<b>Activity 2.1.3</b>							
Train 5 health workers on the basic of GBV and management of GBV survivors, including CMR. (Target= 5 Health Workers)							
<b>Additional Targets :</b>							

## M & R

### Monitoring & Reporting plan

To ensure the successful implementation of this project, the Director of operation, the Health and Nutrition Technical advisor and the Senior Program Officer will work closely with the field staff and provide them the necessary technical, financial, human resource and logistical supports. The

A. SMT/SLT involvement in the project. This team will have the following senior staff who will be involved in the project (Director of operation, the P&C Director, the Health and Nutrition Technical advisor, the Senior Program Officer, Senior Finance Manager, Quality Assurance Manager and the Procurement / Supply coordinator. The SMT will be involved in the launch of the SSHF SA2 and will also monitor closely its implementation to ensure that all the activities are implemented and the targets achieved in line with the logical framework. The SMT, through the Director of Finance and Senior Finance Manager, will also support the team in the management of budget to ensure efficiency and effectiveness in budget management and value for money. The director of the operation will support the project in all areas related to operation, including procurement and supply. The Health and nutrition technical advisor will undertake a maximum of three supportive visits to the field to provide technical support and ensure that quality characterized the delivery of health services in Tonj North. On a monthly basis , the health and nutrition technical advisor and the senior program officer will receive monthly project report, analyse them and provide feedback to the team to improve project implementation. They will also that program' s reports are submitted in time. The health and nutrition technical advisor will coordinate with the health cluster coordinators, the SSHF technical secretariat and participate in all the health cluster meetings and technical working groups ' activities. He will ensure that all monthly 5Ws and reports are submitted timely.

B. Field Staff involvement in SSHF SA2. Under the direct supervision of the Zonal Program Manager and Project coordinator, the team in the field will be directly involved in the day to day implementation of activities. As SSHF SA2 is integrated to HPF project, the HPF manager will be responsible for the overall implementation of the SSHF SA2 project in the state. The HPF manager will also be responsible for monitoring and consolidation of reports. At the county level, the deputy health coordinator will ensure smooth implementation of the project and report to the HPF manager. The deputy health coordinator will supervise all SSHF health activities and provide regularly technical support to staff. He/ she will ensure that all activities are implemented as per the LGF and ensure timely submission of program's reports. At field level, the Quality assurance manager will be the focal person for monitoring project implementation. While the health and nutrition technical advisor will provide technical filed's support three times during the phase of the project implementation, the deputy project coordinator will visit monthly health facilities to ensure that the implementation of SSHF is going on smoothly. In addition, there will be a joint WVSS/ CHD quarterly supportive supervision which will be conducted through health facilities in Tonj North to monitor the status of the project implementation and to provide the necessary technical supports. This project will contribute weekly with data for IDSR/EWARS. All the monthly programs report will be submitted internally to the senior program officer and Health & nutrition Ttechnical advisor and to the health cluster externally. The end of project report will be shared with the cluster coordinator and the SSHF- TS.

D. Accountability. There will be monthly progress review meetings to which community leaders, CHD representatives and WV staffs will participate in look at the status of the project's implementation and challenges faced a

### Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Verified and responded to epidemic prone disease alerts within 72 hours (Target = At least 80%)	2017								X	X	X	X	X
	2018	X											
Activity 1.1.2: Train 20 health workers and CHWs on diseases surveillance and data capturing with a focus on cholera, measles and other diseases of public health importance	2017								X	X			
	2018												

Activity 1.1.3: Train 20 health workers and CHWs on diseases of public health importance including malaria, TB, and HIV.	2017									X	X		
	2018												
Activity 1.1.4: Train 15 health workers on CMAM with focus on SAM with medical complications	2017										X	X	
	2018												
Activity 1.1.5: Conduct mass community mobilization, sensitization on public health issues, routine immunization, safe motherhood and disease outbreaks ( target = 1 community mobilization per month per health facility for 6 months)	2017							X	X	X	X	X	
	2018	X											
Activity 1.1.6: Train 20 health workers and CHWs on diseases outbreak with focus on cholera outbreak/ preparedness, measles outbreak and malaria epidemics with focus on prevention, control and management.(Target= 20)	2017								X	X			
	2018												
Activity 2.1.1: Train 20 health workers in MCH, with a focus on safe delivery, Post Partum Hemorrhage, and detection of danger signs on both the baby and the mother.	2017									X	X		
	2018												
Activity 2.1.2: Conduct weekly community awareness on the importance of maternal health, the importance of delivery in health facilities and on maternal nutrition. Target= 78 sessions (1* 6*13)	2017							X	X	X	X	X	
	2018	X											
Activity 2.1.3: Train 5 health workers on the basic of GBV and management of GBV survivors, including CMR. (Target= 5 Health Workers)	2017								X	X			
	2018												

#### OTHER INFO

##### Accountability to Affected Populations

In line with the health cluster strategy, WVSS will maintain its commitment to engaging the affected communities at all phases of the program cycle through focus group discussions with women, men, and youth on issues concerning their health. The use of WVSS's mother - to mother groups, and youth activities in health promotion is one example of how WVSS engages the community in a sustainable and accountable manner to determine appropriate needs -based responses. WVSS' Quality and Assurance framework will ensure that the project is implemented effectively, and continuously reviewed in line with communities' needs and humanitarian frameworks.

Representatives of the communities or Boma health committees will be involved during in the launch of the project, during the monthly project's activities reviews and at the closure of the project to ensure accountability to the affected population and also project' s ownership.

WVSS will ensure that suggestions boxes are installed in all the health facilities, and all the suggestions will be taken seriously in order to improve provision of health services.

##### Implementation Plan

Successful implementation in terms of project management and coordination will be overseen by the deputy project coordinator, director of the operation and the health and nutrition technical advisor. Project finance will be coordinated by the Senior finance managers, Zonal finance manager and overseen by WVSS' operations director. Financial oversight will be monitored at regional level also to ensure that accountability and effective use of resources, in line with project contracts is maintained. Project coordination will be overseen by the project manager, in partnership with WV South Sudan's support unit, operation and GAM departments. The three departments assist with project administration, technical oversight, and project M+E. Reporting lines and distribution of labor will be overseen by the operation department, and the deputy project coordinator will be responsible for the day to day implementation of the project.

To maximize efficiency, this project will be carried out in consultation with the South Sudan Health Cluster. This will ensure solid impact, avoid duplication, and promote sustainability where and when possible.

##### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Health cluster coordination	Coordination of all emergencies lifesaving health activities.
WHO	WHO will support this project in the area of supplies of emergency health kits, SAM kits, training and various technical support
UNFPA	UNFPA will support this project in the area of supplies of the needed UNFPA supplies and provision of technical support in form of training.
UNICEF	UNICEF will support this project in the area of supplies of emergency health kits, vaccines and support to the cold chain.
Ministry of Health (MoH)	WVSS will work closely with the ministry of health, the state ministry of health , County health department and the Boma health Community at all level of the implementation of the project to ensure that the SSHFSA2 project is successfully implemented.

##### Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

**Gender Marker Of The Project**

2a-The project is designed to contribute significantly to gender equality

**Justify Chosen Gender Marker Code**

All WVSS' project activities from proposal design, assessments, implementation and monitoring of activities aim to mainstream gender sensitivities. For instance, during project design the health vulnerabilities for men, women, boys and girls are identified and analyzed in terms of how the project can appropriately and adequately address each set of needs. For implementation, the gender breakdown of the staff hired by WVI is also considered as an important component of gender mainstreaming.

The proposed project will consider gender mainstreaming as an important aspect, ensuring that there is gender equity; that boys, girls, men and women are fully involved in the health program; advocacy to include them in other project will be emphasized during implementation. Data collection will be segregated to allow analysis by sex to help inform programmatic decisions in relation to the gender roles to provide specific intervention as appropriate. WVSS aims to have at least 40% of our clinical staff be female. Furthermore, gender disaggregation is critical in WVSS standard operating procedures for best practice of collection and analysis of beneficiary health data.

**Protection Mainstreaming**

This project will cater to the latest lifesaving needs, in line with the aims and objectives of the Health Cluster. This SSHF supported intervention is consistent with the basic humanitarian principles of humanity, neutrality, and impartiality. The project will support the delivery of current essential lifesaving services to continue protecting the lives of the most vulnerable groups in the escalating conflict in South Sudan, particularly women, and children in the emergency situation. This project operates with the understanding that activities will take into account equity principles that promote the protection of women and girls. This health project also take into consideration cross-cutting issues, and at all stages of the project cycle, health practitioners work with experts from Nutrition, FSL, and WASH, among others, to ensure that programming is effective, targeted and making the most of key resources and staff for the benefit of IDPs. This multi-sector approach is only possible due to the emphasis WVSS places on working directly with partners to ensure effective communications. This reduces overlap and duplication and provides the most of resources where needed the most.

**Country Specific Information****Safety and Security**

Violent conflict remains a concern for project implementation in South Sudan, including fighting between non-state actors and SPLA as well as inter-communal violence. These factors present a constant threat to the security of staff, particularly in staff heavy projects such as emergency health responses. WVSS gives special attention to safety and security of staff as it is considered very important by the SLT/SMT. For this reason, WVSS has put in place security measures to ensure staff safety and security are assured through up to date guidance from an experience Safety and security manager who provide the necessary advice to the WVSS teams at the national and the state offices. In the field, the person responsible for the staff security and safety is the Zonal Program manager who has vast experience in staff security and safety. WVSS will also rely on other entities such as UNDSS and OCHA to get reliable security updates which will inform its programs in Warrap state, particularly in Tonj North.

**Access**

Humanitarian access is currently possible to all areas targeted by this project. In order to address sporadic incidents of insecurity, a comprehensive and flexible security strategy is in place and provides for a tailored response to insecure conditions

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Health Technical Adviser	D	1	8,775.00	6	10.00	5,265.00
	<i>This position will provide overall technical support to the team based in Tonj North and will ensure that the project is successfully implemented and services are provided in line with WHO and MoH standards. The post holder will be the focal point between the SSHF technical secretariat, the health cluster and WVSS.</i>						
1.2	Health Technical Associate	D	1	3,754.00	6	10.00	2,252.40
	<i>Provides training and logistical support to the project teams. The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing</i>						
1.3	Deputy Project Coordinator in charge of SSHF project	D	1	2,300.00	6	100.00	13,800.00
	<i>This holder of this position will be based in the field and will be the focal person for the implementation of the SSHFSA1 in Tonj North. The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing. The deputy project coordinator will be the budget holder and will ensure that all the logistics are in place for a successful implementation of the project. The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing</i>						
1.4	Nurse / Clinical Officers- Tonj North county	D	4	800.00	6	100.00	19,200.00
	<i>This cost is for Nurses/ clinical officers who will be recruited and involved in the provision of health services in health facilities and those involved will be involved in outreaches. The salary amount is composed of the basic salary, the national social security benefits, transport allowance and housing</i>						
1.5	Programme Officer based in Warrap state ( Tonj North)	S	1	8,780.00	6	5.00	2,634.00
	<i>Donor liaison and reporting (The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						
1.6	Quality assurance Coordinator ( M&E)@ Tonj North	S	1	8,780.00	6	5.00	2,634.00

	<i>Monitoring, evaluation and quality assurance. (The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension).</i>						
1.7	Zonal Finance Manager @ Ton North	S	1	8,780.00	6	5.00	2,634.00
	<i>Financial and grant financial reporting-(The salary charged consists of basic salary, hardship allowance and goods and services, medical insurance and pension)</i>						
1.8	Zonal Programme Manager@ Warrap state	S	1	8,780.00	6	5.00	2,634.00
	<i>Provides oversight of the project implementation on timeliness, scope and budget. (The salary charged consists of basic salary, hardship allowance and goods and services,</i>						
1.9	National Office support staff- based in Juba and charged 5 % to SSHF SA2	S	2	1,500.00	6	5.00	900.00
	<i>P &amp; C/ HR Officers, Logistics Officers, Supply and procurement officers, Financial accountant ,booking officer.The salary amount is composed of the basic salary,the national social security benefits, transport allowance and housing</i>						
1.10	Incentives for CHWS working in Health Facilities	D	15	100.00	6	100.00	9,000.00
	<i>The project will pay CHWs incentives of approximately \$100/person/month for work in communities and health facilities.</i>						
1.11	Local accommodation costs for staff during field's supportive supervision	D	2	80.00	6	100.00	960.00
	<i>Estimate/Cost towards lodging of teams (CHD and WVSS) while conducting supportive supervision in the 13 health facilities. Cost of USD 80 estimated for at least 2 staff in a mission in a month. This cost will cover five staff every month.</i>						
1.12	Community Mobilization assistant	D	1	425.00	6	100.00	2,550.00
	<i>The community mobilizer will support all community health activities and help in improving the uptake of health services and behavior change.</i>						
1.13	Finance/ Admin Assistant- Tonj North	D	1	1,011.00	6	50.00	3,033.00
	<i>The finance assistant will be responsible for the bookkeeping and accounting related to this project.</i>						
	<b>Section Total</b>						<b>67,496.40</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Train 20 health workers and CHWs on disease prevention, surveillance, outbreaks with focus on cholera other diseases of public health importance	D	20	40.00	4	100.00	3,200.00
	<i>The training will be for health workers and CWHS; and the costs will be for transport, accommodation and meals for participants.</i>						
2.2	Train 10 health workers on CMAM with focus on SAM with medical complications and MCH related topics	D	10	40.00	5	100.00	2,000.00
	<i>The training will be for health workers; and the costs will be for transport, accommodation and meals for participants.</i>						
2.3	Conduct mass community mobilization, sensitization on public health issues, immunization and disease outbreaks focus on cholera	D	13	50.00	6	100.00	3,900.00
	<i>The costs are for waters and lunch for health staff involves in the activities</i>						
2.4	Support NIDs (Training of health workers, CHWs, HHPs, planning, and implementation in Tonj North	D	1	1,000.00	1	100.00	1,000.00
	<i>Costs will be for logistics support, monitoring, implementation and training of personnel to participate in the NIDs</i>						
2.5	Conduct outreaches for emergency immunization of under 5 children	D	13	30.00	6	100.00	2,340.00
	<i>Costs will be for logistics/ supplies (e.g water andluch) for health personnel during outreaches.</i>						
2.6	County quarterly Health project review meetings in Tonj North	D	2	200.00	2	100.00	800.00
	<i>County quarterly Health project review meetings will involve WVSS health technical advisor, and stake holders among them CHD, the local authorities and community leaders.</i>						
2.7	Visibility (Banners, T-shirts, Hats and Humanitarian vests)	D	75	15.00	1	100.00	1,125.00
	<i>This is to ensure that the team are visible and easily identified by the beneficiaries and other partners to promote accountability.</i>						
2.8	Training of health workers in Reproductive health with focus on MCH,TTC and EMNoC	D	20	30.00	5	100.00	3,000.00
	<i>The training will be for health workers; and the costs will be for facilitation, transport, accommodation and meals for participants.</i>						
2.9	Local Transportation of medical supplies to and within Tonj North	D	1	5,000.00	1	100.00	5,000.00
	<i>Transportation of essential medicines and medical supplies from Juba to Tonj North ; and from TN town to the 13 health facilities.</i>						

2.10	Essential materials and supplies for health facilities and cholera preparedness.	D	1	4,000.00	1	100.00	4,000.00
<i>This will be the cost of cleaning materials and disinfectants for the 13 health facilities. This cost will be also used for printing of consultation cards and job aids for health facilities. The budget will be also used for cholera preparedness.</i>							
2.11	Laboratory reagents for investigation and diagnosis in health facilities.	D	1	4,000.00	1	100.00	4,000.00
<i>The cost will be allocated to procurement of laboratory reagents for use in the 13 health facilities, especially in the 4 PHCCs.</i>							
2.12	Cold chain repair/ maintenance and supplies	D	1	3,000.00	1	100.00	3,000.00
<i>This cost will be allocated to the strengthening of the cold chain in the county, including repair and maintenance.</i>							
2.13	Preparedness and Response to disease outbreaks with focus on Cholera	D	1	5,000.00	1	100.00	5,000.00
<i>Warrap state in general, and Tonj North in particular is prone to disease outbreak such as measles and recently there is high likelihood of cholera outbreak because of the proximity of the county to Tonj East which is experiencing cholera outbreak. This amount will be used for response and containment of the outbreaks. The area is also prone to Malaria epidemics, therefore the budget line will be use in case of Malaria epidemics.</i>							
2.14	Stationery/ cartridges for Tonj North health project and printing of outpatient consultation cards	D	13	150.00	6	100.00	11,700.00
<i>Cost of stationery for Tonj North for implementation of SSHFSA2 project and printing of cards. 30% of this amount will be used to support the CHD office with stationaries.</i>							
2.15	Project Launch/coordination meeting with stakeholders / Project closure	D	2	300.00	1	100.00	600.00
<i>This cost will be allocated to project launch and also to project closure. During project launch, stakeholders and health workers will be gathered and the SSHF SA2 project will be explained to them in details to ensure that there is clear understanding of project indicators, targets and donors' expectations. The other cost will be allocated to project closure where achievements will be looked at and lesson learned documented.</i>							
<b>Section Total</b>							<b>50,665.00</b>
<b>3. Equipment</b>							
3.1	Generator rent	D	6	1,333.00	1	100.00	7,998.00
<i>This line will be used to rent a new generator which is very important for the implementation of SSHF project.</i>							
3.2	Laptop for SSHF SA2 projects	D	1	1,500.00	1	100.00	1,500.00
<i>The project will need two laptops for project implementation.</i>							
<b>Section Total</b>							<b>9,498.00</b>
<b>4. Contractual Services</b>							
4.1	Minor rehabilitation of health facilities and maternity space	D	1	5,548.00	1	100.00	5,548.00
<i>This cost will be allocated to minor rehabilitation of health facility damaged by conflicts and bad weather. WVSS will also set up of a maternity space in one of the PHCC for help in reducing maternal and child mortality.</i>							
<b>Section Total</b>							<b>5,548.00</b>
<b>5. Travel</b>							
5.1	Monthly supportive supervision visits to the 13 health facilities	D	13	40.00	6	100.00	3,120.00
<i>The costs will be for Travel, subsistence and per diems of project supervisor and CHD staff participating in support supervision visits</i>							
5.2	Quarterly monitoring / technical supportive visits by Juba based health sector adviser's team	D	5	550.00	1	100.00	2,750.00
<i>The costs will be for travel of staff from Juba to Tonj and return to Juba. The supportive supervisions will be conducted by the health sector advisory team.</i>							
5.3	Contribution to R&R and leave of staffs based in the fields and those in Juba.	S	4	3,270.00	1	15.00	1,962.00
<i>This cost will be a contribution to flight tickets for staff going for R&amp;R and leaves.</i>							
<b>Section Total</b>							<b>7,832.00</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
NA							
<b>Section Total</b>							<b>0.00</b>

7. General Operating and Other Direct Costs							
7.1	Generator fuel, maintenance, repair for office and health facilities	D	2	2,000.00	6	40.00	9,600.00
<i>This is the cost for office and health facility generator fuel, maintenance and repair .</i>							
7.2	Vehicle running costs - National Office	S	1	4,000.00	6	5.00	1,200.00
<i>This line item is to support vehicle operating costs at National and zonal office. Vehicles will be used to transport the health teams during donor engagements and coordination meeting such health meeting and all the health sector working groups such as EPI, and EP&amp;R.</i>							
7.3	Communication Costs for health workers, SSHF project officers and SSHF project coordinator	D	20	20.00	6	40.00	960.00
<i>This costs of airtime for both thuraya and mobile phones for the staff for coordination and communication with the field team @USD10 per staff per month.</i>							
7.4	VSAT (Internet) charges for Tonj North and Kuajok Office	S	1	5,000.00	6	10.00	3,000.00
<i>This will be the cost of internet for both Kuajok where the headquarter of Warrap state and Tonj North. Kuajok needs this support as the local office plays a key role in support the project in all aspects, including finance and HR.</i>							
7.5	World Vision South Sudan Juba Office rental costs	S	1	23,000.00	3	5.00	3,450.00
<i>This is a shared cost contributing to office space utilized by the health team in Juba office</i>							
7.6	Juba Office supplies to support the Health sector advisory office	S	1	3,000.00	6	5.00	900.00
<i>This will contribute to the shared cost of office utilities used by the health team in Juba office</i>							
7.7	Bank charges	S	1	2,500.00	6	5.00	750.00
<i>Costs related to bank transactions</i>							
7.8	Zonal Camp Management and supplies	D	1	2,500.00	6	10.00	1,500.00
<i>These are costs related to Zonal camp ' supplies and maintenance.</i>							
7.9	Project car rental, fuel and maintenance for implementation of SSHF project	D	1	2,601.00	6	100.00	15,606.00
<i>Vehicle rental, fuel and maintenance costs SSHF field activities in Tonj North</i>							
7.10	Ambulance repair and maintenance for Tonj North SSHF SA2	D	1	301.00	6	100.00	1,806.00
<i>Maintenance, spare parts of the ambulance for referral of patients, included pregnant women with complicated labors and under 5 sick children. This cost is estimated at 600 USD per month.</i>							
7.11	Motorbike fuel, repair and maintenance	D	2	200.00	6	100.00	2,400.00
<i>This will be used for procurement of fuel and repair/ maintenance of motorbikes.</i>							
7.12	Ambulance fuel	D	1	501.00	6	100.00	3,006.00
<i>The fuel will be used in the ambulance for referral of patient to and from referral health facilities.</i>							
7.13	Security Costs ( Tonj North and Zonal Office)	D	1	1,205.00	6	10.00	723.00
<i>The security cost will cover cost related to secured staff, asset, equipment and material related to this project.</i>							
<b>Section Total</b>							<b>44,901.00</b>
<b>SubTotal</b>			270.00				<b>185,940.40</b>
Direct							163,242.40
Support							22,698.00
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							13,015.83
<b>Total Cost</b>							<b>198,956.23</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Warrap -> Tonj North	100	4,249	4,422	1,129	1,176	10,976	Activity 1.1.1 : Verified and responded to epidemic prone disease alerts within 72 hours (Target = At least 80%) Activity 1.1.2 : Train 20 health workers and CHWs on diseases surveillance and data capturing with a focus on cholera, measles and other diseases of public health importance Activity 1.1.3 : Train 20 health workers and CHWs on diseases of public health importance including malaria, TB, and HIV. Activity 1.1.4 : Train 15 health workers on CMAM with focus on SAM with medical complications Activity 1.1.5 : Conduct mass community mobilization, sensitization on public health issues, routine immunization, safe motherhood and disease outbreaks ( target = 1 community mobilization per month per health facility for 6 months) Activity 1.1.6 : Train 20 health workers and CHWs on diseases outbreak with focus on cholera outbreak/ preparedness, measles outbreak and malaria epidemics with focus on prevention, control and management.(Target= 20) Activity 2.1.1 : Train 20 health workers in MCH, with a focus on safe delivery, Post Partum Hemorrhage, and detection of danger signs on both the baby and the mother. Activity 2.1.2 : Conduct weekly community awareness on the importance of maternal health, the importance of delivery in health facilities and on maternal nutrition. Target= 78 sessions (1* 6*13) Activity 2.1.3 : Train 5 health workers on the basic of GBV and management of GBV survivors, including CMR. (Target= 5 Health Workers)

**Documents**

Category Name	Document Description